ACCOUNT NO. :

072100000032

REFERENCE :

860781

5143985

AUTHORIZATION :

COST LIMIT :

\$ 35.00

ORDER DATE: October 11, 2000

ORDER TIME : 10:49 AM

ORDER NO. : 860781

CUSTOMER NO: 5143985

700003422877--8

CUSTOMER: Stephen Dillemuth, Corp Spec.

Ameripath, Inc. 7289 Garden Road

Suite 200

Riviera Beach, FL 33404

CHANGE OF AGENT

MEDGENETICS DIAGNOSTIC

LABORATORIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janna Wilson

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: MEDGENETICS DIAGNOSTIC LABORATORIES, INC.
2. The mailing address of the corporation is: 7289 GARden ROAD, Suite 200 Riviera Beach, Florida 33404
3. Date of incorporation/qualification: 6/7/84 Document number: H07054
4. The name and address of the current registered agent and office:
KOHN, PETER H.
WINTER PARK, FL 32789
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(1) (1)
(Signature of an officer, chairman or vice chairman of the board) (Date)
Robert P. Wynn VP (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
By: Boll Oct 1/2000 (Signature of Registered Agent)
If signing on behalf of an entity:
Bobbie Hall Asst.Vice President
(Typed or Printed Name) (Capacity)
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* * * FILING FEE: \$35.00 * * *